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MARGIN RESERVED FOR BINDING

8-200 d

V. S. No. 93

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH County <u>Cochise</u> State _____ Registered No. _____ Township <u>18 R 31 E 5 N 5 T R M</u> or Village _____ City <u>St. David Ariz.</u> No. _____ St. _____ Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME <u>John James Busby</u> (a) Residence No. _____ St. _____ Ward _____ (Usual place of abode) Length of residence in city or town where death occurred <u>27</u> yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Rose H. Taylor</u>	
6 DATE OF BIRTH (month, day, and year) <u>Aug. 28, 1849</u>	
7 AGE Years _____ Months _____ Days _____ If LESS than 1 day, --- hrs. or --- min.	
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmers, & Sons of Peace</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	
9 BIRTHPLACE (city or town) (State or country) <u>England</u>	
10 NAME OF FATHER <u>William Busby</u>	
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>England</u>	
12 MAIDEN NAME OF MOTHER <u>Maria Meadows</u>	
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>England</u>	
14 Informant <u>Charles Stanton</u> (Address) <u>St. David</u>	
15 Filed <u>Sept 22, 1905</u> <u>J. N. Christman</u> REGISTRAR	
MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (month, day, and year) <u>Sept. 22, 1905</u>	
17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Lightning struck while</u> <u>working in the garden.</u> (duration) _____ yrs. _____ mos. _____ ds. CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds. 18 Where was disease contracted If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) _____, M. D. , 19 (Address) * State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)	
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St. David Arizona</u>	DATE OF BURIAL <u>Sept 23</u> 1905
20 UNDERTAKER <u>Barrett & Hamel</u>	ADDRESS